

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6167

-62-047198

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

FILED DEC 26 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City Mo.

Length of stay in 1b

3 Da.

c. FULL NAME OF (If NOT in hospital, give location)

Doctor's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cass

c. CITY

Pleasant Hill Mo.

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

1209 N. Hwy 7

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

Rose

Durbin

Sigler

## 4. DATE OF DEATH

Month

Day

Year

Dec.

3

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

11-19-1874

## 9. AGE (last birthday)

88

## IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Odessa Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Durbin

## 13b. MOTHER'S MAIDEN NAME

Mary Barker

## 14. NAME OF HUSBAND OR WIFE

J. E. Sigler

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs LaVale Ferguson Pleasant Hill Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

cardiac Arrest

## INTERVAL BETWEEN ONSET AND DEATH

immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

myocardial infarction

2 days

## DUE TO (c)

coronary Thrombosis

3 days

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ N. ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

11-30-62

to 12-3-62

and last saw her alive on 12-3-62

## Death occurred at

10:45

A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

William J. Rhoads MD

## 22b. ADDRESS

Lee's Summit Mo.

## 22c. DATE SIGNED

12-4-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

12-6-62

## 23c. NAME OF CEMETERY OR CREMATORY

Pleasant Hill

## 23d. LOCATION (City, town, or county)

Pleasant Hill Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

Wallace Funeral Home Pleasant Hill Mo.

## 25. DATE RECD. BY LOCAL REG.

12-5-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

William J. Rhoads

VS DEC 26 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*James C. Wallace*

Licensed Embalmer No. 3921

P. O. Address Pleasant Hill Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.